

VIRGINIA WELLNESS-RELATED FITNESS TEST TEACHER SUMMARY

TEACHER NAME:

DATE:

GRADE		ABDOMINAL STRENGTH		AEROBIC CAPACITY		UPPER BODY STRENGTH		FLEXIBILITY	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
4	# tested								
	# met wz								
5	# tested								
	# met wz								
6	# tested								
	# met wz								
7	# tested								
	# met wz								
8	# tested								
	# met wz								
9	# tested								
	# met wz								
10	# tested								
	# met wz								
11	# tested								
	# met wz								
12	# tested								
	# met wz								

TEACHER _____

RETURN TO:

ADDRESS _____

School Principal

TELEPHONE # _____ E – MAIL _____
